

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		2			
4	2		2			
5	0		1			
6	0		1			
7	0		1			
8	0		1			
9	0		1			
10	0		1			
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46	0		1			
47	0		1			
48	0		1			
49	0		1			
50	0		1			
TOTAL IND.			40			
TOTAL DEP.			40			
TOTAL CLAIMS			40			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.			40					
TOTAL DEP.			40					
TOTAL CLAIMS			40					

BEST AVAILABLE COPY